

Dear Lian-Sheng Ma,

Thank you for your consideration. We read the Editorial office's comments about our manuscript. We re-wrote the "CASE PRESENTATION" section to meet your requirements and revised the manuscript according to specific comments by your peer reviewers. The corrected parts of manuscript are written in red. Detailed answers are below.

Reviewer #1:

Specific Comments to Authors: Well written manuscript. In case description, anesthetic technique should be mentioned. In discussion, emphasis should also be given to prevention of such injuries in children and alternative modes of treatment and their limitations.

Thank you for your comment. Anesthetic technique was added in the "TREATMENT" part as follows:

"General anesthesia using inhaled sevoflurane, intravenous thiopental sodium, rocuronium bromide was performing by an anesthesiologist."

We agree with your comment on alternative modes of treatment and their limitations and the emphasis to prevention of such injuries in children. We added other options of treatment like colonoscopic or laparoscopic removal alone and their limitations in "DISCUSSION".

"Because the magnets were thought to be in the terminal ileum or colon that colonoscopy could approach, colonoscopy was considered to remove the magnets. However, we failed to identify magnets during colonoscopy. Laparoscopic removal is also an effective method, but inevitably damages the intestine."

The reason why they were not found when the endoscope entered terminal ileum is stated in discussion. The magnets were suggested to attach each other on the opposite part of intestine which cannot be reached by colonoscopy. In this case, simultaneous colonoscopy and laparoscopy to minimize intestinal damage can be an effective treatment.

"If multiple ingested magnet is passing through the pylorus and does not show any movement, we propose to consider simultaneous colonoscopy and laparoscopy properly, which can provide a physical force that weakens the strength of the attached magnet, to remove FBs at an appropriate time before the complications or symptoms occur."

We also emphasized precautions to prevent such injuries in "DISCUSSION" as follows:

“Ingestion of FBs is a common problem faced by pediatrician. To prevent damage caused by ingestion of FBs, parents need to be careful not to swallow something dangerous by their children and warning to consumers about products that are more likely to be swallowed by children are needed. Nevertheless, if children ingest FBs especiallay more than one magnet, they should be immediately referred to the hospital for appropriate management to prevent complications.”

Reviewer #2:

Specific Comments to Authors: This is a case of magnet retention in the ileum. In the case of no magnet entering the abdominal cavity, colonoscopy should enter the end of the ileum during colonoscopy. Maybe the magnet can be found and the foreign matter can be removed directly under the endoscope, so as to avoid the risk of laparoscopic exploration.

We deeply appreciate with your comment that pointed out the shortcomings of the manuscript. Actually, we checked the end of the ileum during colonoscopy, the content was omitted in the process of writing the manuscript. We revised in the and case presentation “Further diagnostic work-up” and abstract as follows:

Further diagnostic work-up:

“Colonoscopy after proper bowel preparations on the third day of ingestion revealed no FBs in the colonic area and terminal ileum.”

Abstract:

“Colonoscopy after proper bowel preparations on the third day of ingestion revealed no foreign body in the colonic area and the end of ileum.”

We also added considering the endoscopy first in “DISCCUSION”.

“Because the magnets were thought to be in the terminal ileum or colon that colonoscopy could approach, colonoscopy was considered to remove the magnets. However, we failed to identify magnets during colonoscopy. Laparoscopic removal is also an effective method, but inevitably damages the intestine.”

Reviewer #3:

Specific Comments to Authors: A useful case about misfeeding magnets were successfully and safely removed by laparoscopic diagnosis and colonoscopy without any complications. A valuable clinical case.

Thank you for your comment.